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Economic and Social Council

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Commission on Population and Development
Forty-fourth session
11-15 April 2011
Item 4 of the provisional agenda*
General debate on national experience in population matters: fertility, reproductive health and development

Statement submitted by Baha'i International Community, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

11-21771 (E) 220211

Please recycle

Statement*

Women's Health and Human Rights

The Case for Comprehensive and Sustainable Development

1. The focus of this session of the Commission on Population and Development on fertility, reproductive health and development is timely. While there have been many effective interventions addressing single issues such as women's incidence of HIV/AIDS, maternal mortality and reproductive rights, the single-issue approach has not strengthened societal and political will to address women's health, nor has it created the conditions in which women can make decisions about reproduction and become the protagonists of their own development. In this contribution to the Commission, we aim to address the need to transition to a more comprehensive approach to addressing women's reproductive health and human rights. We do so guided by the understanding that the ultimate aim is not only to enable women to participate fully in the affairs of society within the present social order. Rather, women must be enabled to work shoulder to shoulder with men to construct a new social order characterized by justice, peace and collective prosperity.

2. When viewed in its broader context, the discrimination against women is one of many symptoms of an ailing society. Individuals and groups compete with one another in pursuit of narrow self-interests; insecurity and violence are commonplace. For the most part, social institutions, structures, and processes have not been set up in ways that effectively serve the common good and when people attempt to work within these systems to advance the common good they often face systemic constraints or outright political challenges. What is needed is a profound questioning of the assumptions underpinning the social systems and world views that enable and perpetuate these conditions. Otherwise the betterment of humankind and the advancement of civilization in both its spiritual and material dimensions will continue to elude humanity's best efforts.

3. A just and equitable social order can be characterized by an ethic of reciprocity — an understanding that the interests of the individual and of the wider community are inextricably linked. The human body provides a relevant analogy. Within this system, millions of cells collaborate to make human life possible; the diversity of form and function connects them in a lifelong process of giving and receiving. Much like the parts of a human body, human communities are interdependent entities; the discrimination against women and girls often accompanies other social ills and can be an indicator of wide-scale social decay.

4. Social problems commonly manifest themselves in health-related issues, such as domestic violence, fistula or malnutrition. As such, health care can serve as an important entry point for addressing the well-being — both physical and spiritual — of a community. By engaging in a dialogue with women and their families, health-care providers have the opportunity to understand better the structural, economic, cultural or legal problems faced by families and can begin to consider how their services can be rendered in a way that empowers women and their families to be the protagonists of their development.

* The present statement is being issued without formal editing.

5. The reproductive role of women places them at a particular risk for sexually transmitted diseases, sexual assault, and mortality and morbidity related to pregnancy and childbirth.

6. The following statistics highlight the conditions of risk for many women and girls:

- Fifty per cent of pregnancies worldwide are unwanted; a lack of self-empowerment and systemic sexual discrimination place women at tremendous risk. A pregnancy, especially when it is unwanted or occurs during the teenage years, places girls and young women at risk for further economic isolation, reduces her access to education, and creates a cycle of dependency.
- One out of three women is assaulted during her lifetime. The epidemics of sex slavery and human trafficking persist worldwide, with devastating consequences for the victims and their families.
- Over 20 million women are infected with HIV/AIDS, placing their born and unborn children at great risk.
- The World Health Organization estimates that 550,000 women die in childbirth each year — one maternal death every minute. In non-industrialized countries, ten times as many women suffer severe consequences during childbirth, as compared to women in industrialized countries.

7. Fertility and reproductive health, with their effects on development, are a piece of a greater puzzle. The manifold and exponential effects, which result from the denial of the rights of girls and women, can have dire consequences. The international community as well as communities at the local and national level must now address the broader conditions, which allow for such rights to be denied. It is not only a question of changing attitudes but also structures — structures which exist at the level of laws, regulations and policies but which are also social, cultural and mental.

8. Ultimately, it is imperative to address women's rights in a manner that recognizes the woman's full role in society and fosters her sense of self-worth as well as the intrinsic nobility of every woman, man and child. Many agencies and institutions involved in this work are beginning to recognize that without a comprehensive approach to women's rights, their efforts may prove ineffective or unsustainable. A literate woman is more likely to make better health decisions. It has been shown that one to three years of a mothers' schooling can decrease children's mortality rate by 15 per cent. An economically sustained woman will have a greater ability to avoid sex trafficking and slavery. Women in good health have the opportunity to pursue educational and economic opportunities and to contribute more fully to the betterment of society.

9. Boys born into such environments are also the beneficiaries. With educated and healthy mothers comes a reduced risk of involvement in sexual crimes and other offences as youth and adults. As women are the first educators of their children, young boys will be more likely to reap the benefits of literacy, economic opportunity, and good health as well. This cycle will be reinforcing, resulting in a tipping point at which the society will no longer tolerate the oppression of its girls and women.

10. While there are, of course, many other challenges, we hope that a greater awareness of the relationships between women's health and her development as well as that of her family and community will contribute to the discussions of the Commission and will help to link the discussions to the broader aim of constructing a social order governed by the principles of justice and equity.

E/CN.9/2017/NGO/3

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United Nations E/CN.9/2011/NGO/3

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Commission on Population and Development
Forty-fourth session
11-15 April 2011
Item 5 of the provisional agenda*
General debate on the further implementation of the Programme of Action of the International Conference on Population and Development in the light of its twentieth anniversary

Statement submitted by Asian-Pacific Resource and Research Centre for Women, Fundación para Estudio e Investigación de la Mujer, German Foundation for World Population, International Federation of University Women, International Planned Parenthood Federation, IPAS, Japanese Organization for International Cooperation in Family Planning, Population Action International, Shirkat Gah Women's Resource Centre, Swedish Association for Sexuality Education, Vaestoliitto — Family Federation of Finland and World Population Foundation, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

11-21779 (E) 250211

Please recycle

Statement*

1. The Programme of Action adopted at the International Conference on Population and Development in September 1994 and the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, as adopted by the General Assembly at its twenty-first special session, held in New York from 30 June to 2 July 1999, represent a paradigm shift away from a traditional, macro-demographic perspective towards one of sustainable development that places human rights at the centre of population and development policies. The Programme of Action is a comprehensive document that addresses a wide range of issues particularly sexual and reproductive health, reproductive rights and women's empowerment, while at the same time recognizing the impact of concerns such as population and environment, including climate change and aspects of migration.

2. Recognizing that many Governments may not have met all the goals and objectives of the Programme of Action by 2014, we strongly support the call for Governments to recommit themselves at the highest level to achieving these goals and objectives and to reaffirm the Programme of Action, upholding its principles, and its key actions for their further implementation beyond 2014, to ensure their full achievement, as set out in Resolution A/RES/65/234 on Follow-up to the International Conference on Population and Development beyond 2014.

3. The above-signed NGOs welcome the decision of the General Assembly to convene a Special Session during its sixty-ninth session to assess the status of implementation of the ICPD Programme of Action. We consider the full participation of civil society, including marginalized populations and young people, as essential to the continued implementation of the ICPD Programme of Action. We, therefore, look forward to participating fully in the Special Session and to working with the Commission on the Population and Development in the preparations for this important meeting.

4. We, together with our colleagues at the national level, will collaborate with Governments in assessing the progress made to date, obstacles that remain and strategies to overcome them. This will be done in line with the operational review of the implementation of the Programme of Action, to be undertaken by the United Nations Population Fund, in consultation with Member States and others.

5. Finally, as non-governmental organizations, we stand ready to promote the full implementation of the Programme of Action through our programmes and activities in the years leading up to 2014 and beyond, while recognizing the important role that civil society, including marginalized populations and young people can play as full partners in its implementation from a gender-based and human rights perspective.

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* The present statement is issued without formal editing.

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Commission on Population and Development
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11-15 April 2011
Item 4 of the provisional agenda*
General debate on national experience in population matters: fertility, reproductive health and development

Statement submitted by German Foundation for World Population, Vaestoliitto and World Population Foundation, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

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Please recycle

Statement*

1. The above-signed NGOs working in promoting sexual and reproductive health and rights worldwide, welcome the theme "Fertility, Reproductive Health and Development" of the 44th Session of the United Nations Commission on Population and Development.

2. Breaking through the cycle of poverty begins with the freedom of choice. People have the right to the highest attainable standard of sexual and reproductive health regardless their sex, age, religion or culture. Sexual and reproductive rights should be respected. We need to put young people, women and vulnerable groups such as the disabled and/or chronically ill first. The basis of sustainable development is when they can decide freely about their sexuality, how many children they want and when, and know how to have safe sex.

3. Two hundred and fifteen million women in developing countries want to use contraceptives, but cannot access them.[1] This unmet need will only increase. If women can access contraceptives and family planning services, they choose to have lesser children which allows themselves and their children to live healthy lives.[2] Ensuring the access to contraceptives is cost effective and can prevent almost a third of all maternal deaths.[3]

4. More than half of the world population is under the age of 24. These young people and adolescents and their sexual and reproductive health and rights are neglected the most. As they are entering their sexual and reproductive lives, they are lacking the necessary information and education to make informed and healthy choices about their sexuality. They are unable to access youth friendly sexual and reproductive health services and contraceptives. Comprehensive sexuality and the promotion of freedom of choice contributes to improved health of young people.[4]

5. About 13 per cent of maternal deaths are due to unsafe abortions. These are 70,000 unnecessary deaths each year. We cannot talk about reducing maternal mortality and achieving the MDGs without acknowledging this. Women and young women need to have access to safe abortion services, and need to have access to family planning information and services and high-quality post-abortion care.

6. One in three of all women have experienced a form of sexual and gender-based violence. Involving men in countering this violence is crucial to end it. Gender equality is a critical factor for the attainment of sustainable development, the elimination of poverty, HIV prevention and sexual and reproductive rights.

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* The present statement is being issued without formal editing.

[1] Singh, S., Darroch, J. E., Ashford, L. S., Vlassoff, M., 2009. Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health. Washington/New York: Guttmacher/UNFPA.

[2] Ronsmans C. and Campbell O. 1998. "Short birth intervals don't kill women: evidence from Matlab, Bangladesh." Studies in Family Planning 29: 282-90 en WHO. 2005. World Health Report 2005. Geneva: WHO.

[3] United Nations Department of Public Information — DPI/2650 E/Rev.1 — September 2010 We Can End Poverty 2015 Fact Sheet: http://www.unclef.com/en/mdg/summit2010/pdf/MDG_FS_5_EN_new.pdf.

[4] Kirby, D. The impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior. Sexuality Research & Social Policy 2008: 5(3): 18-27.

7. The funding gap in 2010 for family planning and reproductive health was estimated to more than 6.8 billion US dollars. In order to meet the MDGs and the goals of the ICPD Programme of Action another 54.8 billion US dollars must be mobilized.[5] The funding for prevention of unwanted pregnancy by comprehensive sexuality education and the provision of family planning services has decreased 34 per cent since 2000.[6]

Actions required

8. Family planning: strengthen the right of adolescent and adult men and women to be informed and to have access to safe, effective, affordable and acceptable methods of contraception and family planning of their choice, including male and female condoms. Promote gender-based education for adolescent and adult men on fertility issues, disease prevention, available health-care services and reproductive rights so that they can be more engaged in ensuring healthy lives for their partners and children.

9. Sexual and Reproductive Health and Rights of young people: ensure young people's access to sexual and reproductive health information, education and care, contraceptive and family planning services and commodities, including male and female condoms. Safeguard the right of adolescents to privacy, confidentiality, respect and informed consent.

10. Comprehensive sexuality education: provide young people with comprehensive education from a human rights-based perspective on human sexuality, sexual and reproductive health and rights, gender equality and on how to deal positively and responsibly with their sexuality.

11. Safe abortion: ensure that women, especially those who are most vulnerable, have access in their communities to the full range of reproductive health care in accordance with their human rights, including effective and affordable methods of contraception, post-abortion care, and safe abortion services.

12. Gender equality: empower young people and women to demand their rights related to gender equality; rights for women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction, free of coercion, discrimination and violence.

13. Youth participation: meaningfully involve young people in the design, implementation and evaluation of all sexual and reproductive health policies and programmes.

14. Implementation and funding: comprehensive sexuality education and achieving universal access to reproductive health and family planning services and supplies is fundamental to achieving the goals of the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals. We all need to scale up efforts and funding to achieve these goals and we need accessible, transparent and effective implementation monitoring and accountability mechanisms at the national and international levels.

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[5] UNFPA/NIDI Resource Flows Project Database, UN CPD 2009 report "The Flow of Financial Resource for Assisting in the Implementation of the PoA ICPD".

[6] Euromapping 2009 — DSW, EPF, EuroNgos.

15. ICPD+20: participation of civil society in the implementation of the Cairo Programme of Action and the Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development up to 2014 and beyond, is crucial to ensure their full achievement. Civil society, including young people, should therefore be enabled to participate fully in all activities set out in Resolution A/RES/65/234 on Follow-up to the International Conference on Population and Development beyond 2014.

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Item 4 of the provisional agenda*
General debate on national experience in population matters: Fertility, reproductive health and development

Statement submitted by the International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

Please recycle

Statement*

1. The International Planned Parenthood Federation (IPPF) welcomes the theme of the 44th Session of the Commission on Population and Development, '*Fertility, reproductive health and development*'.

2. Working through the volunteers and staff of 153 Member Associations in 174 countries, IPPF is committed to implementing the Programme of Action (PoA) of the International Conference on Population and Development, the Platform for Action (PfA) of the Fourth World Conference on Women and the Millennium Development Goals (MDGs). IPPF recognizes the breadth and continuing relevance of the ICPD and welcomes the General Assembly resolution calling for the continued implementation of the PoA and an UNGASS review in 2014 but urges increased priority of implementation and not just increased time to implement the PoA. It should be stressed that any new development framework following the MDGs in 2015 will need to prioritize those issues at the core of the ICPD PoA, in particular women's right to control their fertility, the importance of sexual and reproductive health and rights, the health and well-being of young people and the importance of these issues to sustainable development, equity and human rights if it is to be successful. These issues need to be addressed in the 2013 MDG Review.

3. In September 2010 world leaders and non-governmental organizations including IPPF, pledged to address women's and children's health through the Global Strategy (GSWACH). This involves prioritizing high impact interventions and integrating efforts across diseases and sectors to improve the lives of women and children and achieve development. ICPD's PoA is particularly relevant to this promising initiative.

4. Universal access to reproductive health target (MDG5b) is central to both the ICPD and the MDGs. Few development interventions have as far reaching and profound impacts as enabling women to determine whether and when to become pregnant. Ensuring gains in reproductive health and rights is one of the most cost-effective ways to empower women, accelerate development and equity, and alleviate poverty. Each MDG is affected by human reproduction and none can be achieved unless women have the right and means to control their own fertility. This is a powerful development tool. The demographic transition of Brazil in the last 50 years has been equivalent to up to a half a per cent increase in national economic growth annually.[1] In Bangladesh, $50m invested in family planning saves $327m expenditure on other MDGs.[2]

5. When women can choose the number and spacing of their children they will generally choose more for their children, not more children, resulting in improved health and well-being for their families. Family planning prevents at least one in three maternal deaths, and saves children's lives. It contributes to the fight against

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* The present statement is being issued without formal editing.

[1] Birdsall, N. Kelly, A. C. Sinding, S.W (2001) Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World cited by Dr. Gill Greer, Director-General of IPPF during her speech at the United Nations General Assembly informal session in preparation of the 2010 MDG Summit.

[2] Achieving the MDGs: The Contribution of Family Planning: Bangladesh, USAID/HPI cited by Dr. Gill Greer, Director-General of IPPF during her speech at the UN General Assembly informal session in preparation of the 2010 MDG Summit.

HIV and AIDS, and helps governments and communities achieve sustainable, social, environmental and economic development. As Professor Sachs stated, '*Family planning is one of the great success stories of modern times*'.[3] There are clear links between higher educational achievements, fewer, healthier children, reduced health expenditure, higher aspirations, more employment of women and economic growth. Family Planning was recognized as a human right in the 1968 Teheran Proclamation of the United Nations Conference on Human Rights. As Nafis Sadik stated, '*a woman's freedom to choose the number and spacing of her children is the freedom from which all other freedoms flow*'.

6. Good reproductive health care, including family planning, is inexpensive: one of the 'best bargains', as measured by the World Bank in reductions in morbidity and mortality. It is easily incorporated into efforts to strengthen health systems — efforts partly guided by the goal of improving the health of women and children — usually the poorest and most neglected by health systems. The large unmet need and demand for family planning services, if satisfied, would also help to slow the rate of population growth, so reducing pressure on diminishing resources, and vastly improving the health and resilience of women, families, and communities.

7. However, globally 215 million women have an unmet need for family planning, 45 per cent of them in Southern and Central Asia and 22 per cent in sub-Saharan Africa where the percentage of unmet need is highest. This level of unmet need will be multiplied as the world's largest generation ever of young people enter their reproductive lives, increasing demand for contraception by 40 per cent by 2050.[4]

8. It is therefore vital for individual, family, community, national and global well-being that young people's *access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms*[5] is secured. Research demonstrates that in a number of sub-Saharan African countries girls and boys want fewer children than their parents but have little or no access to services, information or commodities. This represents a crisis for health, human rights, and development. It is also vital we *provide young people both in and out of school with comprehensive education on human sexuality, sexual and reproductive health and gender equality*[6] in order for them to deal positively and responsibly with their sexuality from a human rights based perspective. As such sexual rights, a component of human rights and an evolving set of entitlements related to sexuality also need to be addressed.

9. Universal access to reproductive health services is central to the goals of the ICPD, but was the only major goal from the development conferences of the 1990s excluded from the MDGs. That omission is an important reason for the disappointing progress in achieving the MDGs. Despite evidence showing the cost-effectiveness and impacts of family planning, the international investment in family planning nearly halved between 1997 and 2006, from $653m to $394m.[7] In many countries, the trend towards lower fertility has now stalled, or reversed, because

[3] The Lancet, Volume 372, Issue 9649, Pages 1535-1536, 1 November 2008.

[4] Making the Case for U.S. International Family Planning Assistance, p. 2 at http://www.prb.org/pdf09/makingthecase.pdf .

[5] See CPD 2009/1 OP15.

[6] See CPD 2009/1 OP7.

[7] Guttmacher/UNFPA (2009). Adding it Up, cited by DFID, March 2010.

women do not have access to the contraceptives or services they desperately want. As a consequence, MDG 5 remains the most off-track MDG. In sub-Saharan Africa a woman has a 1 in 22 risk of dying from childbirth and pregnancy-related causes, in the developed world that risk is just 1 in 7,300. Every year, 360,000 women die from pregnancy related complications. Another 10-15 million suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy or childbirth,[8] and 250,000 die annually from cervical cancer. This could be largely addressed through the provision of sexual and reproductive health services from adolescence onwards.

10. Achievement of the other MDGs, especially 1, 3, 4 and 6, is also greatly diminished through failure to provide accessible sexual and reproductive health services.

11. AIDS and complications of pregnancy and childbirth are the two leading causes of death in women of reproductive age. In Eastern and Southern Africa there is a strong connection between maternal mortality and HIV, where the virus is hampering the reduction of maternal mortality.[9] Dual prevention through condoms, combined with other contraception methods, will prevent HIV transmission and unplanned pregnancy, and Prevention of Mother To Child Transmission (PMTCT). *Governments need to integrate HIV and AIDS prevention, treatment care and support into primary healthcare programmes, including family planning and reproductive health programmes. This will also protect human rights and empower all women, including those living with HIV to exercise their right to decide freely and responsibly on matters related to their sexuality and reproduction, free of coercion, discrimination and violence.*[10]

12. Since 1990, the number of women dying in pregnancy and childbirth has declined by over 50 per cent in Asia and 25 per cent sub-Saharan Africa.[11] While significant, and evidence demonstrates that access to family planning, skilled attendance at birth and access to emergency obstetric care are successful interventions, the annual rate of decline is less than ***half*** of what is needed to reduce the maternal mortality ratio by 75 per cent between 1990 and 2015. Reduced funding for family planning and epidemic levels of violence, drives increases in the number of closely spaced and unwanted pregnancies, pregnancy related complications such as fistula, sexually transmitted infections (STIs) and increased levels of unsafe abortion.

13. Young women aged 15-20 are twice as likely to die in childbirth as those in their twenties while girls under the age of 15 are five times more likely to die.[12] Children are also more likely to die, or become ill when their mothers are young. Increasing school retention rates improves the likelihood of women choosing later, more widely spaced births, so giving them opportunities for engaging in meaningful employment. This also contributes to reduced pressure on scarce resources, such as food supplies so increasing resilience and equity.

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[8] Giving birth should not be a matter of life and death, UNFPA, at http://www.unfpa.org/webdav/site/global/shared/safemotherhood/docs/9_14%20maternal%20health%20fact%7.5et.pdf.

[9] Ibid.

[10] See CPD 2009/1 PP18.

[11] Ibid.

[12] Ibid.

14. In 2007, 1.3 billion of 1.5 billion young people aged 12-24 lived in low and middle-income countries.[13] 42 per cent lived in poverty and many lacked access to basic health services, particularly sexual and reproductive health services, as well as to education. Over 500,000 young people are newly infected with a sexually transmitted infection each day (excluding HIV)[14] while over 50 per cent of all new HIV infections occur among young people aged 15-24.[15] Girls and young women bear a disproportionate burden of ill health related to sexual and reproductive health. Meeting the unmet need and demands of young people is crucially important. *Information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction (ICPD para. 7.41).*

15. For these challenges to be met we must ensure funding for sexual and reproductive health, including family planning services, information, and commodities and accelerated implementation of the ICPD PoA.

16. As we build on the achievements of the ICPD, we must also respond to new challenges which are relevant to population dynamics and sustainable development including those related to migration and the growing inequality between rich and poor, adults and youth and the situation of the 75 per cent of the world's poor living in middle income countries.[16]

17. It is clear that governments alone cannot achieve the goals of the ICPD, Beijing or the MDGs. Civil society has already achieved remarkable success in advocating for sexual and reproductive health and rights and delivering services, information and education. It is essential that civil society be given funding, the space and opportunity to work in meaningful partnership at every level with governments and UN agencies including the recently launched UN Women to serve people in the communities where they live and work. The reach and expertise of civil society organizations can complement government services to assist governments to achieve their development goals and deliver their promises.

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[13] World Development Report 2007, World Bank (2007) pp. 4.

[14] UNFPA (2009) Breaking the cycle of sexually transmitted infections. See: http://www.unfpa.org/rh/stis.htm.women.

[15] WHO (2006) Preventing HIV in Young People: A systematic review of the evidence from developing countries. WHO Technical report Series 938, Geneva WHO.

[16] *"Global poverty and the new bottom billion: Three-quarters of the World's poor live in middle-income countries"*, Institute of Development Studies, Sumner, A. - 03-Sep-10.

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Statement submitted by Fundación para Estudio e Investigación de la Mujer, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

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Please recycle

Statement*

1. In light of the debate on the future of the Programme of Action of the International Conference on Population and Development, FEIM, as coordinator and representative of 43 international and regional HIV/AIDS and Sexual and Reproductive Health and Rights networks from Africa, Asia and Latin America and the Caribbean — "Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights" — affirms that improving women's health or halting the HIV/AIDS epidemic cannot be achieved without guaranteeing the basic conditions that will allow women to exercise their fundamental human rights, including sexual and reproductive rights. Therefore, FEIM urges governments and donors to:

- **Reaffirm the importance of the implementation of the ICPD Programme of Action (POA)** through and beyond ICPD+20 in 2014, as an effective contribution to achieving Universal Access to prevention, treatment, care and support for women and girls and controlling the HIV/AIDS epidemic; and **impulse the active participation of civil society, especially of youth, women and WLWHA**, in the follow-up of the implementation of the Programme of Action and in the planning, implementation, and evaluation of policies, programs, and services for helping all people meet their health and educational needs. (POA 7.47 & 8.7, 1994; Key Actions 80, 1999)

- **Strengthen, expand and increase access to sexual and reproductive health services as a human right for all**, especially for women, lesbians, girls and adolescents and for those living with HIV/AIDS, including family planning programs and supplies, such as Emergency Contraception -EC- and male and female condoms (POA 7.16, 1994). Contraceptive prevalence rates are still low in many countries and must be increased to fill unmet needs for family planning, which remain high in all regions, and especially in sub-Saharan Africa where "one in every four women who is married or in union has an unmet need for family planning, a figure that has remained almost unchanged since 1995" (ECA, 2009: "Assessing Progress in Africa toward the MDGs").

- **Reduce Maternal Mortality Ratio (MMR) especially through access to routine and emergency obstetric care and safe abortion.** The slow progress on reducing maternal mortality and improving reproductive health, as recognized by the MDG Report of the Secretary-General of United Nations, are unacceptable. Improvement of health-care services needs to be accelerated to reduce the MMR especially in sub-Saharan Africa and Southern Asia, which show the highest MMR. Another principal contributor to maternal mortality in the developing world is unsafe abortion. In 2003, 20 million unsafe abortions took place worldwide — 98 per cent of them in developing countries — causing approximately 13 per cent of all maternal deaths worldwide (WHO, 2007: "Unsafe abortion. Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003").

- **Guarantee young people and adolescents (15-24 years old), especially young women and girls, access to confidential, gender-sensitive sexual and reproductive health services, including for HIV/AIDS**, and that legal and

* The present statement is being issued without formal editing.

social barriers to these services for youth and adolescents are removed (POA 7.45, 1994). Access to these services as well as contraceptive methods, including male condoms, is still not assured for adolescents in African, Asian and LAC countries. Yet, they are necessary for young people to make informed decisions about sexual and reproductive health, reduce their vulnerability to HIV and decrease adolescent birth rates.

- **Increase resources for strengthening health systems to guarantee Universal Access to HIV prevention, treatment, care and support,** especially scaling-up access to antiretroviral drugs for PLWHA. Women must be prioritized, since shortages in supply of and funding for ARV drugs often result in men receiving the drugs before women do. Women's access to ARV drugs is especially important in order to ensure the mother's life and well-being, and not only the child's survival. Ensure that services provide voluntary HIV counselling and testing (VCT), especially for women and their partners and, if positive, that they be treated for vertical HIV transmission in accordance with the MTCT-Plus Initiative, respecting the reproductive rights of women to decide for themselves if, when and with whom to have children (POA 8.34, 1994).

- **Guarantee comprehensive sexuality education (CSE) that addresses HIV transmission and prevention for all male and female adolescents and young people — attending and not attending schools — from a gender and human rights perspective,** to achieve the 95 per cent goal established in the 1999 ICPD+5 "Key Actions" and in the UNGASS Declaration of Commitment on HIV/AIDS adopted in June 2001 (POA 7.47, 1994; Key Actions 70, 1999). CSE is absent in most countries in Asia, Africa and LAC, even in many of those where it is mandated by law. This is reflected in the low number of young people (15-24 years of age) lacking comprehensive correct knowledge of HIV/AIDS worldwide, and especially in developing countries.

- **Eliminate all forms of discrimination and violence against women and girls in general and in the response to HIV/AIDS.** Violence against women is on the rise worldwide, and is a major violation of women's human rights and a primary impediment to women's empowerment. Around the world, physical and sexual gender-based violence is principally intimate partner or spousal violence. Gender inequalities and violence against women fuel HIV infections among women and girls, especially those in heterosexual relationships, and deny women their integrity and full exercise of their rights. The social and economic inequalities underlying violence against women must be addressed and women must be guaranteed the right to education, health, employment, and to buy, hold, and sell private property (POA 4.4 & 4.6, 1994).

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General debate on national experience in population matters: fertility, reproductive health and development

Statement submitted by the International Women's Health Coalition, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

11-21814 (E) 250211

Please recycle

Statement*

1. Soon, the world's population will reach 7 billion. We are now living in an era where we have the largest generations ever of young people under the age of 19 — amounting to 2.5 billion. As these children and adolescents grow up, start engaging in sexual activity, and face the risks of unplanned pregnancies, sexually transmitted infections, HIV, and complications during pregnancy and childbirth, demographic momentum will play a significant role. This requires urgent attention by the international community to ensure that adolescents have education on sexual and reproductive rights and health, information, access to comprehensive services and supplies, and human rights protections.

2. Governments have a clear obligation to promote and protect the right of all individuals to decide freely on all matters relating to their sexuality and reproduction, including the number, spacing, and timing of their children and to have the information and means to do so. Fulfilment of the right to the highest standard of sexual and reproductive health, free of violence, discrimination, and coercion, requires that women and young people have access to the full range of contraceptive choices, including male and female condoms, as well as comprehensive sexual and reproductive health services, based on full and informed consent.

3. Three key actions are necessary to achieve reproductive health, fertility and development:

(a) Make universally available comprehensive reproductive health services, which include family planning; skilled care during pregnancy and delivery and postpartum; access to safe abortion; and prevention, care, and treatment for sexually transmitted infections, including HIV;

(b) Strengthen health systems to ensure equitable access to these services and provide health information and comprehensive sexuality education, particularly for the largest-ever generations of adolescents;

(c) Invest in policies and programmes, and legislative and judiciary actions, that give women and girls access to economic resources, skills training, and social support and that protect their human right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence.

4. Only healthy women whose human rights are protected can be fully productive workers and effective participants in their country's political processes. Only fully informed and empowered adolescents can make responsible choices as they enter into relationships and begin their sexual and reproductive lives. Development and poverty eradication strategies work when universal access to sexual and reproductive health and protection of human rights are achieved.

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* The present statement is being issued without formal editing.

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Statement submitted by Population Action International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

11-21820 (E) 250211

Please recycle

Statement*

Ensuring Reproductive Rights Is Essential to Development

Reproductive Rights Are Key to Development

1. The Programme of Action for the International Conference on Population and Development (ICPD) affirms the "basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health." All people have a right to make decisions concerning reproduction free of discrimination, coercion and violence.[1] Access to modern family planning and contraceptive services — a fundamental part of sexual and reproductive health and rights (SRHR) — improves women's health and well-being.[2]

2. Beyond benefiting individuals and couples, lower fertility rates made possible by the provision of a full range of voluntary reproductive health services and supplies contribute to the attainment of a broader set of development objectives and are critical for meeting the Millennium Development Goals. For example, schoolgirls who become pregnant are often forced to drop out of school temporarily, and face barriers to re-entry.[3] Women who have at least finished primary education have more control over the decisions that affect their lives, including in matters related to their sexual and reproductive health.[4] Family planning can also ease pressure on natural resources. And slower population growth helps people adapt to climate change, reduces the scale of human vulnerability to climate impacts, and gives governments more opportunity to make important investments in health care and education.[5]

Robust Investment, Better Integration, and Attention to Vulnerable Groups Needed

3. Despite the importance of SRHR, an estimated 215 million women who want to avoid pregnancy are not using modern contraception.[6] In order to achieve universal access to reproductive health and the full realization of reproductive rights in resource-poor settings, donors and host country governments must increase and improve financial investment and take a more integrated, inclusive approach to

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* The present statement is being issued without formal editing.

[1] UNFPA. 2004. Programme of Action of the International Conference on Population and Development. New York: UNFPA.

[2] Singh et al. 2009. Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health." New York: Guttmacher Institute and UNFPA.

[3] UN Millennium Project. 2006. Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals. New York: United Nations Development Programme.

[4] Family Care International. 2005. Millennium Development Goals & Sexual and Reproductive Health. New York: FCI.

[5] PAI and the Population Justice Project. 2010. *Population and the Environment: Where We're Headed and What We Can Do*. Issue & Policy Brief. Washington DC: PAI.

[6] Singh, S, J Darroch, L Ashford and M Vlassoff. 2009. Adding It Up: The Costs and Benefits of Investing In Family Planning and Maternal and Newborn Health. New York, Guttmacher Institute and UNFPA.

address the needs of marginalized groups, including women, youth and people living with HIV.

4. The lack of adequate funding remains a significant constraint to the full implementation of the Programme of Action of the ICPD, and to the realization of reproductive rights. We encourage developed and developing country governments to honor commitments and make every effort to mobilize the required resources to ensure that the health, development and human rights-related objectives of the Programme of Action are met, and pay special attention to achieving universal access to modern methods of family planning.

5. In line with efforts to improve the effectiveness of aid, the international community must make international cooperation and assistance more predictable and better aligned with national priorities, and channel assistance to recipient countries in ways that strengthen national health systems. To enhance transparency and foster greater accountability, governments should devote specific budget lines to family planning interventions including contraceptive supplies.

6. To maximize the development impact of funding, priority needs to be given to evidence-based policies and programmes that integrate sexual and reproductive health, HIV, and maternal, newborn and child health and strengthen primary care services. Donors and host governments must ensure that investments address gender equality and women's empowerment as a critical factor for the attainment of sustainable development, the elimination of poverty, HIV prevention and promotion of SRHR. They should ensure robust funding for programmes that protect human rights, particularly those that empower women to have control over and decide freely and responsibly on matters related to their sexuality, free of coercion, discrimination and violence.

7. Priority also needs to be placed on investing in programmes that address the sexual and reproductive health rights of young people, who represent nearly one-third of the population in developing countries.[7] Guaranteeing young people's access to a broad range of sexual and reproductive health information and choices, including contraceptive services and commodities is essential to achieving the goals set out in Cairo.

Looking Forward

8. As the ICPD goal year fast approaches, the Commission's meaningful engagement with members of civil society is critical to advancing the ICPD agenda. We look forward to working with the Commission and its members in preparation for and during the General Assembly's Special Session to assess the status of implementation of the ICPD Programme of Action, and beyond to make sure that governments and the international community effectively address obstacles to realizing the ICPD goals.

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[7] UNFPA. 2010. *The Case for Investing in Young People as Part of a National Poverty Reduction Strategy*. New York: UNFPA.

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Statement submitted by Family Care International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

11-21826 (E) 250211

Please recycle

Statement*

1. More than 350,000 women die in pregnancy and childbirth every year, from causes that are almost always preventable or treatable, such as haemorrhaging, infection, high blood pressure, obstructed labour, or unsafe abortion. The United Nations Secretary-General has brought together member states, NGOs, and other partners in a joint effort to confront this urgent challenge and end these needless deaths. The Global Strategy for Women's and Children's Health recognizes that investing in the health of women and children builds stable, peaceful, and productive societies; reduces poverty; stimulates economic growth; is cost-effective; and helps women and children realize their fundamental human rights.

2. Millennium Development Goal (MDG) 5, to improve maternal health and achieve universal access to reproductive health by 2015, is the farthest off track of all the MDGs. In order to achieve the ultimate goal of the MDGs — to promote sustainable development — sexual and reproductive health and rights must be recognized and prioritized. In order to accelerate progress towards achieving MDG 5 and all of the MDGs, governments must commit to providing universal access to high-quality reproductive health services, including maternity care (antenatal care, skilled attendance at delivery, emergency obstetric services, and post-natal care), family planning, safe abortion, diagnosis and treatment of STIs including HIV, and comprehensive sexuality education.

3. Women are key drivers of development. Expanded access to family planning, to meet the unmet need of 200 million women worldwide, empowers women to control their own fertility; reduces their risk of death from pregnancy and childbirth complications; affords them access to educational and economic opportunity; and enables them to be productive contributors to their families, communities, and economies. Gender inequality (MDG 3) and poverty (MDG 1) contribute disproportionately to maternal mortality and morbidity, and must also be addressed in order to meet MDG 5. Young women are particularly vulnerable to gender inequalities and poverty; early marriage and childbearing entail risks of morbidities including obstetric fistula, and contribute to making pregnancy-related factors, including unsafe abortion, the leading cause of death for girls under the age of 19 in the developing world. If young people are to play their rightful and necessary role in achieving the MDGs and contributing to development of the world they will inherit, the legal and social barriers that prevent or limit their access to reproductive health information, services, and supplies must be addressed and removed.

4. Strong, well-functioning health systems are critically important for saving women's lives, and specifically for improving maternal health; reducing maternal mortality, unwanted pregnancy, and unsafe abortion; improving neonatal survival; and preventing STIs, including HIV/AIDS. Health systems must provide, on a priority basis, equitable access to sexual, reproductive, and maternal health services, including family planning, safe abortion, pregnancy-related services, skilled attendance at delivery, emergency obstetric care, and screening and treatment for STIs including HIV, and must give particular attention to the needs of and special risks faced by young people.

* The present statement is being issued without formal editing.

5. In order to meet the goals of the ICPD Programme of Action and achieve the MDGs, governments must protect and promote the human rights of women and girls, including their sexual and reproductive rights; empower women to control their fertility; ensure universal access to reproductive health; and continue efforts to improve maternal health and prevent the needless deaths of hundreds of thousands of women each year from complications of pregnancy and childbirth.

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Statement submitted by Advocates for Youth, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2011/1.

11-21832 (E) 250211

Please recycle

Statement*

1. On the 12th of August 2010 the United Nations General Assembly adopted a resolution proclaiming this year The International Year of Youth.[1] Aware of the responsibilities accompanying this decision, we take this opportunity to emphasize the importance of sexual and reproductive rights and health for all young people and the importance of including them meaningfully in decision-making processes.

2. Nearly half of the world's population — nearly 3 billion people — are under the age of 25. About 85 per cent of the world's youth live in developing countries. The Programme of Action recognizes that all individuals have the right to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and to do so free of discrimination, coercion and violence. The facts tell us that there is still much left to achieve:

- Complications during pregnancy or childbirth are the leading cause of death for girls aged 15 to 19 in developing countries.[2]
- About 16 million girls aged 15 to 19 give birth every year.[3]
- It is estimated that almost half of the maternal deaths due to unsafe abortion in the developing regions are young women aged 24 and under.[4]
- Young people, 15 to 24 years old, accounted for 40 per cent of all new HIV infections worldwide in 2008.[5]
- Every day, 2,500 more young people get infected and globally there are more than 5.7 million young people living with HIV/AIDS.[6]
- Only 40 per cent of all young people have the accurate information to protect themselves from HIV infection.[7]

3. Young people are not only a demographic category; they are the future. It is a fact that young people are sexually active and have the right to be informed about choices regarding sexuality.

4. Therefore we urge the following actions to be taken immediately:

(a) **Youth Empowerment**: Empower young people to demand their rights related to gender equality; rights for women and men to have control over and decide freely and responsibly matters related to their sexuality and reproduction, free of coercion, discrimination and violence, based on mutual consent, equal relationships between women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences;

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* The present statement is being issued without formal editing.

[1] Resolution 64/134.

[2] UNFPA: No Woman Should Die Giving Life Factsheet 2010.

[3] WHO. Why is giving special attention to adolescents important for achieving Millennium Development Goal 5? Fact Sheet WHO/MPS/08.14, 2008.

[4] WHO. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. Fifth edition. 2007 p. 19.

[5] International Year of Youth Health and Young People Factsheet 2010.

[6] WHO Factsheet No. 345 Young People: Health Risks and Solutions August 2010.

[7] Report to the High Level Event on HIV and AIDS, 2008.

(b) **Comprehensive Sexuality Education**: Acknowledge young people's right to information by promoting evidence-based and rights-based comprehensive sexuality education and counselling, both in and out of school. Effective sexuality education must go beyond biology and include information about sexual and reproductive health, including condoms and other contraceptive services and commodities; gender equality; healthy and positive aspects of sexuality; relationships; gender-based and sexual violence; gender diversity; healthy emotive processes; human rights; and anti-discrimination.[8] It should create structured opportunities for young people to explore their attitudes and values, and to practice decision-making and other life skills they will need to be able to make free and informed choices about their sexual lives;

(c) **Youth-friendly Services**: Ensure that youth-friendly sexual and reproductive health services safeguard the right of young people to privacy, confidentiality, respect, and informed consent. Such information and services should include access to evidence-based and rights-based comprehensive sexuality education and counselling, and information and services on sexually transmitted infections, sexual abuse, contraception and family planning services and commodities, pregnancy, and safe abortion. Design customized integrated sexual and reproductive health and HIV/AIDS programmes and services for youth and adolescents that are based on their expressed needs, especially including youth living with HIV. Eliminate legal barriers that restrict young people's access to essential services, such as parental and spousal consent, age of consent and issues of confidentiality;

(d) **Diversity**: Acknowledge and respect the diversity among young people, including but not limited to sexual orientation and gender identity, ability, education level, and experience. Promote and support youth-specific research, age- and gender-disaggregated data and the development of programmes, together with young people, that take these criteria into account. Work to eliminate discriminatory policies and harmful traditional practices against young people, and in particular young women, girls and LGBTQI;

(e) **Youth Participation**: Ensure that young people, including in- and out-of-school, disabled, and displaced youth, are actively involved in the planning, implementation, and evaluation of development activities that have a direct impact on their daily lives. Invest in young people through mentoring programmes, capacity-building initiatives and equal youth-adult partnerships;

(f) **ICPD and beyond**: Support the initiative made during the sixty-fifth session of the General Assembly to further the goals and objectives of the ICPD Programme of Action beyond 2014. Participate in the special session during the sixty-ninth session of the General Assembly and recommit to these goals and objectives at the highest political level.

5. Only if these actions are taken, can young people lead healthy lives of which sexuality is a positive and enjoyable aspect.

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[8] Ibid., §§ 21-23 and 60, 63.